

PART B - FEE(S) TRANSMITTAL

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7590 12/15/2004

Irving N. Feit, Ph.D.
 HOFFMANN & BARON, LLP
 6900 Jericho Turnpike
 Syosset, NY 11791



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| | |
|----------------------|--------------------|
| Karen DeSalvo | (Depositor's name) |
| <i>Karen DeSalvo</i> | (Signature) |
| March 15, 2005 | (Date) |

03/18/2005 EHAILE2 00000121 09960632

01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 30.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/960,632 | 09/21/2001 | Julie Kerr-Conte | 855-21 | 4273 |

TITLE OF INVENTION: PROCESS FOR OBTAINING MAMMALIAN INSULIN SECRETING CELLS IN VITRO AND THEIR USES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 03/15/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| LANKFORD JR, LEON B | 1651 | 424-093700 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
 1 Hoffmann & Baron, LLP
 2 Irving N. Feit
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
 Centre Hospitalier Regional
 Universitaire De Lille

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
 Lille Cedex, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Lauren T. Emr*
 Typed or printed name Lauren T. Emr

Date March 15, 2005
 Registration No. 46,139

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